CALIFORNIA LIQUID WASTE HAULER RECORI

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STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PROPERTY OF MARKET AS \$411ad by medican	0.000 (0.000)
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000435
Name (print or type): 11 = 5 2 CC CR Sode No.	Name (print or type): All AMERICAN OIL COMPANY II Dusiness Address: 8655 So. Main Street, Los Angeles 90003 de No.
Pick up Address: 1.33 1 (Street) (City)	
Telephone Number: () P.O. or Contract No.:	Telephone Number: (2 3) /59-0145 Pick Up: (Date) 7100: (Date)
Order Placed By: Date:	State Liquid Waste Hauler's Registration No. (if applicable): 118
Type of Process which Produced Wastes:	Job No.: O. 3() School of Loads or Trips: Unit No.:
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	Vehicle: vacuum truck
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
	I certify (or declare) under penalty
Check type of wastes: 1. Acid solution 8. Tank bottom sediment	of perjury that the foregoing is true
2. Alkaline solution 9. 011 3. Pesticides 10. Drilling mud	DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 11. Contaminated soil and sand 5. Solvent 12. Cannery waste	Name (print or type):
6. Tetraethyl lead sludge 13. Latex waste 7. Chemical toilet wastes 14. Hand and water	Step Addresses
15. Drine	0 1/2/d 91754
Other (Specify) MIN AND INATER Code No.	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Components:	Quantity measured at site (if applicable): State fee (if any):
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)	Handling Method(s):
LACK RULLIATION TO	recovery
	treatment (specify): (Examples: incineration, neutralisation, precipitation)-Code No.
*	(Examples: incineration, neutralisation, precipitation)-Code No. disposal (specify): pond
· — — —	other (specify):
<u></u>	If waste is held for disposal elsewhere specify final location:
5.	Disposal Date:
6.	I certify (or declare) under penalty
Named and Description of Market	of perjury that the foregoing is true
Hazardous Properties of Waste: pH flammablecorrosiveexplosive	Signature of authorized agent and title
Bulk Volume: gal tons barrels other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (Number) drums cartons bags other	
(specify)	
Physical State: solid liquid sludge other (specify)	\^/
Special Handling Instructions (if any):	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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The waste is described to the best of my ability and it was delivered to	
a licensed liquid waste hauler (if applicable)	DOD INDODMARIAN DELAMID MA CONTIA OR ASSESSED MARIA CONTIA
I certify (or declare) under penalty	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
of perjury that the foregoing is true and correct.	D.O.T. Proper Shipping Name
S gnature of authorized agent and title	proving troper surphrug udme